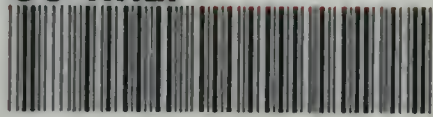


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1911

REPORT OF SURVEY

OF

THE DEPARTMENT OF HEALTH and
~~THE DEPARTMENT OF EDUCATION~~

CITY OF ATLANTA, GEORGIA

Made for the Atlanta Chamber of Commerce
Committee on Municipal Research

CAT FOR
PUBLIC HEALTH



By S. G. LINDHOLM

For the

New York Bureau of Municipal Research ,

December, 1912

Reprinted for the Training School for public service, conducted by the Bureau of
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FRANK L. KELLY, M. D.

REPORT OF SURVEY

OF

The Department of Health

City of Atlanta

Georgia

**STAT. FOR
PUBLIC HEALTH**

*Made for the Atlanta Cham-
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December, 1912

PUBLIC HEALTH LIB.

December 19, 1912.

Colonel Frederic J. Paxon,
Chamber of Commerce Committee on
Municipal Research,
57 Whitehall Street, Atlanta, Ga.

Dear Sir:

Herewith please find my report on Atlanta's department of health. The emphasis upon the record evidence of work undertaken and work done is due to our conviction based upon experience that in making a preliminary survey we get our best results by noting what public departments attempt to do and what evidence they have of work done and work undone, rather than by actual field tests.

The report on the health department is presented under the following headings:

Part I. Efficiency of the health department as revealed by records.

A. Limitations placed upon the Board of Health by city code and ordinances that detract from its efficiency.

B. The use made of the powers given by the code to the health department.

Part II. Method and procedure of the health control.

Part III. Inspection of certain dwelling houses.

Part IV. Recommendations.

Very truly yours,
BUREAU OF MUNICIPAL RESEARCH.
Per S. G. Lindholm.

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I.

EFFICIENCY OF THE HEALTH DEPARTMENT AS REVEALED BY RECORDS.

In measuring the efficiency of the health department of Atlanta, two factors must be considered:

- A. The limitations placed upon the board of health by the city code and ordinances that detract from its efficiency.
- B. The use made of the powers given by the code to the health department.

A. Limitations placed upon the board of health by the city code and ordinances that detract from its efficiency.

1. The method of ward election—ten members, one from each ward plus three ex-officio members—prevents men of required skill and experience to serve upon the board because they do not happen to live within the ward.
2. Wards must elect men that are incompetent to deal with technical problems because of this limitation as to residence.
3. The ward method of electing members both to the board of health and to the general council almost inevitably means that each ward member in the general council selects the board of health member from his own ward thus introducing the element of politics in an election that should be governed solely by consideration of expertness.
4. Professional qualifications are not demanded in any member of the board.
5. The size of the board—two ex-officio and ten ward members—must make it cumbersome in dealing with health problems where quick decisions are frequently necessary.
6. The power of the general council to set aside health ordinances must inevitably take the spirit out of the health board in enforcing any ordinance that is likely to interfere with private interests.
7. The failure to vest in the health department the power to adopt and give legal sanction to health ordinances bars the health board from formulating and executing a policy by which public health shall be guarded against private interests.

8. The power to create a sanitary code is usually a charter right of the health departments in modern cities. See, for instance, section 1172, New York City charter.
9. The method of election, therefore, makes it unreasonable to demand that the board of health in Atlanta should possess such qualifications for dealing with health problems as are now demanded from health departments in well administered cities.
10. The power of the general council to refuse to enact health ordinances demanded by the board of health and its power to set aside ordinances at the importuning of private interests must make the administration of the board halting and vacillating.

B. The use made of the powers given by the code to the health department.

1. Weaknesses inherent in present executive organization of department.
 - a. There is no single executive head.
 - b. The health officer and the chief sanitary inspector are not only independent of each other but
 - c. Are responsible to an inexperienced board.
 - d. Thus unity of purpose or action can not be insured, for harmonious personal relations such as seem to exist can not take the place of the right system.
2. Points of efficiency noted in the administrative organization of department.
 - a. The health officer showed familiarity with modern methods of dealing with infectious diseases.
 - b. The sanatorium for tuberculosis patients is erected upon grounds admirably chosen and with buildings and pavilions that seem to combine adequacy with wise economy in construction.
 - c. A creditable system of milk inspection, both of country dairies and of city distribution, including use of score cards, was outlined to the investigator.
 - d. The campaign to exterminate mosquitoes deserves much more than the support it receives from the city.
 - e. The bacteriological laboratory serves as a nerve centre for the health work of the whole city.
 - f. The embryo tuberculosis exhibit at the entrance to the city hall shows what the department would and could do if Atlanta were to finance and organize it adequately.
 - g. This list does not exhaust the commendable features seen by the investigator. The testimony is freely offered

that great credit must be given for work accomplished by the present health officer and to his chief adviser, the city bacteriologist. It was evident that they and their staff had striven to do their best with the limitations under which they were working. To many of the defects of the department the health officer himself called attention. In calling attention to defects that impressed the investigator it is therefore not necessary to apportion here the responsibility between the city, the board or the executive officers.

3. Points of weakness noted in administration of department.

a. The staff is not adequately supervised.

- (1) The inspectors of the department do not render adequate reports of hours spent on duty, action taken at each inspection, conditions found in stores, markets, etc., inspected.
- (2) The notebook carried in the pocket of the inspector from which bi-weekly summaries are submitted to the board does not place before the health officer all the information concerning any one place inspected. No evidence was found that these note-books were inspected regularly by the health officer.
- (3) Lacking definite information of the methods by which the inspectors perform their duties the health officer is not in a position to insure that these methods are the most adequate.
- (4) Lacking definite records of the sanitary conditions of places inspected the health officer must rely upon personal reinspection or general statements from his inspectors to know whether conditions are improving or his policy of inspection is adequate to cope with the situation.
- (5) Through the lack of time reports from its inspectors the department is liable to loss through misdirected or delinquent service.

b. Health conditions are not adequately supervised.

- (1) Adequate information as to the existence and spread of communicable diseases is not obtained in the health office.
- (2) The physicians are not made to live up to their duty of reporting contagious diseases. Whatever policy the health department may adopt in regard to the control of infection it disregards both city ordinances and the fundamental rule of health control as long as it permits laxity in the reporting of infectious diseases.

- (3) The department does not demand nor obtain information as to the probable cause of infection. Its records tell only the name, address and character of disease of the infectious case.
- (4) The department provides hospital facilities only for smallpox, scarlet fever and diphtheria and in case of the last two infections, for white people only.
- (5) Cases of measles that can not be isolated in their homes, as those found in living rooms connected with stores, workrooms, etc., must remain a public menace.
- (6) All cases of infection, smallpox possibly excepted, among colored people are allowed to spread the disease broadcast without any effective interference.
- (7) The department has not taken steps to secure an adequate register of tubercular cases in the city.
- (8) Of cases that have come to the notice of the department it does not secure and keep for ready reference such information as is deemed necessary by cities which are attempting to control this disease.
- (9) The department does not keep records of complaints made by citizens, to what inspector the complaints were referred, what was found upon investigation and what was done by the inspector in regard to the complaints.
- (10) By destroying the record of the original complaint the health officer puts it beyond his power to trace the action taken or the need for action. The New York City charter recognizes the importance of this citizen co-operation by demanding that all complaints shall be entered in a book. The inspection of this book is one of the important means by which the informed citizen can gauge the efficiency of the health control.
- (11) The records of inspection of markets, slaughter houses, milk depots and other places are not filed so as to collect all information in one place.
- (12) Lack of follow-up work in cases needing supervision robs inspection of much of its results. The card, reporting the scoring of country dairies, is filed away, no notice or warning being sent when the department finds that the scoring is low or conditions bad.
- (13) These score cards are filled chronologically so that the health officer, in looking at one card, can not tell without a long hunt whether the conditions of the dairy had improved or grown worse since the last inspection.
- (14) The department keep no records whatever of sanitary conditions in dwelling houses.

II.

METHOD AND PROCEDURE OF HEALTH CONTROL.

Control of Communicable Diseases.

All physicians are required to register with the department. Permits to practice medicine in the city are issued by the state board of medical examiners. There are three bodies of physicians recognized—homeopaths, allopaths and eclectics. Under the last group many candidates are passed by the examiners who would be considered incompetent by regular practitioners.

Midwives charging a fee, are also required to register, but the board makes no attempt to supervise their practice, or even to ascertain the total number in existence.

Reporting upon cases of communicable diseases is required by the code, but no efforts are made by the board or the health officer to enforce this ordinance. The reports made come voluntarily from the physicians who, it is said, frequently consult the wishes of the family in regard to reporting. The department is, therefore, most inadequately informed as to the existence of contagious diseases. The code defines as contagious or infectious the following: Smallpox, cholera, diphtheria, membranous croup, measles, typhoid fever, typhus fever, scarlet fever, yellow fever, and such other diseases as may be publicly declared by the board of health to be contagious or infectious. Among the latter, tuberculosis has recently been included.

Cases of scarlet fever, diphtheria and smallpox are quarantined by the department. Quarantine is established and a placard posted upon the report of a physician, or in the case of diphtheria cases upon the positive culture by a bacteriologist. The method of isolation is lenient. In case of diphtheria the nurse and patient are expected to stay in isolation while the rest of the family may continue their usual occupations, provided that they do not enter the sick room. School teachers living in a placarded house are not permitted to continue teaching. In the case of smallpox all members of the family were formerly taken to the quarantine hospital, but now only the patient is removed to the hospital. The members of the family and others having visited the family are vaccinated. No other compulsory measures are taken. The ordinance requires that all grown persons in the city shall be vaccinated and the health officer is given power to enforce this ordinance. He said that every eight or ten years a general vaccination of all cities is made. At the last general vaccination, forty physicians being employed by the city for this purpose,

worked four hours a day until the city has been covered. A public announcement is first made that all people must be vaccinated within 24 hours, after which time any having neglected it, may be forced to be vaccinated. The vaccine is bought from private laboratories. No attempts have been made by the department to manufacture its own vaccine.

Reports of contagious cases are sent by the health officer to the secretary of the school board, to the Carnegie Library and the private schools. Fumigation is performed by the department on the day requested by the attending physician, or upon the advice of the chief medical inspector.

The placarding of houses and the performance of fumigation is made by the two medical inspectors. Neither of these is a physician, but one of them, according to the health officer, has gained through long practice, great efficiency in the diagnosis of smallpox.

The records of work performed is kept in a notebook continuously carried by both, of which a bi-weekly summary is presented to the board of health. The record of each case is also kept in a card file. Each record contains the following information—street address, date of report, name of patient, name of physician reporting the case. Records of fumigation are kept in a journal containing the following headings: date case is reported, name of patient, address reported, date of fumigation, removed to hospital, color (white or colored), by whom reported, name of the disease.

It is, therefore, apparent that the records of contagious cases serve only the purpose of supervising individual cases. No records are obtained indicating the possible source of contagion or any clinical data as are usually obtained by health officers for the study of the spread and control of infection. It is also apparent that such a half-hearted dealing with contagion is of practically no value to the city. The placard as a warning to unnecessary visitors is valuable.

It did not appear that the patient or his caretaker were given any instruction in the proper care or methods by which other people may be safeguarded or the patient profited, aside from the injunction that the patient and his nurse should be isolated. Such injunction is usually of no direct value, as the department does not inform itself by frequent reinspections whether such injunction is being enforced.

Medical Attention of Indigent Sick.

Two physicians are engaged on full time to care for the poor of the city. To them are referred all charity cases requiring medical attention. When not visiting in the homes they may be found in the office of the health department. They are also required to vaccinate children who apply for this purpose at the

health office. The records of the visits of the city physicians are kept on cards—one card being made out for each patient. The records are kept as follows: Name, color, address of patient, the dates when the visits were made and remarks as to diagnosis and history of the case, a monthly summary of the number of visits made. One city physician said that he averaged 350 visits a month. Aside from a monthly summary of these cards which is submitted to the board, no evidence could be found of any supervision of the work of these physicians. It was left to the judgment and conscience of the physicians to perform their work efficiently.

If drugs are required in treating a patient a prescription is left by the city physician at certain drug stores, who have contracts with the city to furnish these drugs. Bills for the filling of prescriptions are submitted by these druggists to the health officer, who O. K.'s them and issues the necessary warrants for their payment.

Food Inspection.

The health officer stated that there are about 300 markets in the city. The records of the two inspectors of these markets are kept in notebooks by the inspectors. No effort is made to collect the information on conditions found and inspection of the individual markets. To obtain, therefore, the history of the conditions of any one market, it would be necessary to collect such information from the various notebooks of the inspectors.

It does not appear in what manner the chief officer can obtain definite information as to the conditions of these markets or of the efficiency of the inspectors, except by asking direct questions from the inspectors or from hearsay evidence. That he can say whether the sanitary conditions of the meat markets are improving or whether food is sold under conditions that meet with the requirements of the city ordinances, not to say with the requirements of a careful consumer, does not appear self-evident to the investigator. It is certain that he can not convince any inquiring citizen or an intelligent health board that the department is doing all it can with its resources, or that the general council has made such provisions for the inspection of markets as necessity requires.

There are three slaughter houses in the city and all meat slaughtered is required to be inspected before killing. To open a slaughter house a permit is necessary and the consent of the surrounding property owners is required before the permit is issued. The health officer said that all small slaughtering pens have been abolished; that these three abattoirs are in a sanitary condition and that all meat is inspected and stamped by the inspectors. Asked whether the records of these abattoirs were inspected by himself or whether he had any evidence that con-

demned meat was actually withdrawn from the market and destroyed as food, he could only refer to the regulations as to the handling of these products.

Reminded that the experience of all cities demonstrates that these inspectors are continually surrounded by temptations to let up on the inspection and even to pass tainted meat and that the most vigorous supervision of the superior officer is necessary to aid the inspectors in resisting these temptations, he admitted that he did not render such aid.

Milk Inspection.

Two country milk inspectors are traveling from dairy to dairy, scoring conditions found in the dairies on a score card, adapted with slight modifications from the United States score card. These score cards are mailed to the central office where they are filed chronologically. No evidence was found that the central office followed up the information thus obtained from the country milk inspectors, either by writing a letter to the dairyman, pointing out if the score card indicated such a need, the defects reported or demonstrating to the dairyman that the health department was watching conditions under which milk was produced. The only value of this inspection, therefore, is the contact between the inspector and the dairyman and such advice as the inspector may offer; that such advice has been given is not reported, although it may be assumed that the interest of the inspector causes him to give it.

There was no evidence that the information obtained as to the condition of the dairy was correlated to the conditions in city milk depots or wagons distributing milk from this dairy. The advantage that might be obtained by this power to supervise the distribution of milk and the sources of protection is, therefore in a measure, lost. The efficiency of milk inspection depends now altogether upon the conscientiousness of the inspector; the health officer might, therefore, be almost entirely eliminated as a factor in the health supervision.

Nuisances.

Complaints coming from citizens are received over the telephone or otherwise and recorded by the receiving clerk on a slip of paper. These slips are distributed to the inspectors of the districts from which the complaint was entered. After the complaint has been referred to the inspector these records are destroyed. No records, therefore, of complaints are kept except the notation in the note-book of the inspector of what he did. Whether there was a just cause of complaint or this cause was removed as a result of the inspector's visit, or whether the inspector visited at all, is not reported to the chief health officer.

The method of communicating with the inspectors is as fol-

lows: On a board in front of the clerk are rows of hooks, each hook being labeled with the number of the ward, and also hooks for the reports on contagious diseases, fumigations, etc. The slips of paper on which the complaints are recorded are then fixed to the hook of the ward from which the complaint came. Each inspector is supposed to communicate with the office twice in the morning and twice in the afternoon and to him are then referred whatever cases there are in his ward. After this notification the slip containing the record is destroyed.

The code provides in paragraph 821 that the chief of construction shall keep a complaint book wherein the police sanitary inspectors or any citizen may make entries of obstacles or defects in the streets and the sewers. The code makes no provision, as is customarily done in cities, for the preservation of the records of complaints made to the health department.

Issuance of Plumbing Certificates.

The code requires that permits for the proper installation of plumbing in new buildings and in alterations of old buildings must be issued by the board of health.

Requests for such permits come from the plumber with the blue prints of the plans. The plumbing plans are then passed upon by the plumbing inspector. After the plumbing has been installed a notice is sent by the plumber of the date when it is ready for inspection and testing. The plumbing inspector reports upon the conditions found and the test made after which a permit signed by the health officer is issued. Upon the issuance of this permit the board of water works is supposed to make the water connection.

A most cursory inspection of these records shows evident lack of proper supervision by the health department and proper co-ordination with other departments. No evidence was seen that the water board, for instance, must wait for the plumbing permit before it makes the connection with the water meter and issues its water permit. Upon inquiring of the plumbing inspector whether he was sure that such connection was not made before the issuance of the proper plumbing permit, or even without inspection having taken place, the investigator was informed that no such check was made by the health department and that, in fact, he believed that in many cases the water board would make the meter connection without the proper plumbing permit.

The plumbing inspectors do not render a daily account of the amount of work done. The only way to find the amount of work done is by counting the number of slips that have been returned by the inspectors, as inspected during the day, which procedure is not customary; or from the monthly statistical report submitted by each inspector to the board.

The Laboratory.

Dr. Smith, the bacteriologist, makes all the examinations of specimens submitted by physicians or the department inspectors in cases of actual or suspected contagion. He examines all diphtheria cultures and reports to the attending physician. He also examines sputum for the presence of tuberculosis. He makes chemical examination of milk for fat and solid contents and for the presence of dirt, pus and other adulterants. Bacterial counts of milk are also made. Upon request he examines specimens of blood in cases of suspected typhoid. Tests of the purity of water are occasionally made.

Under Dr. Smith's jurisdiction a campaign to exterminate mosquitoes was started in 1903 when an appropriation was made for it. After a few years of successful work a new general council, not understanding its value, cut the appropriation. In 1905, however, the importunities of many intelligent people caused the restoration of part of the appropriation which has been continued ever since. Most of this work is done during the summer when several men are hired, although they have no expert knowledge of the mosquito, to go around and inspect premises and to instruct tenants in methods of destruction.

Vital Statistics.

It is the duty of the health officer to report to the board all statistics relating to births and deaths. The reporting of births is most incomplete; fewer births than deaths of infants under one year being reported. Birth certificates are not required at the entrance of a child in school. The health officer did not know whether the law demanded a birth certificate as evidence of age when a working certificate was issued to a child; in fact, he was not sure whether an age limit was required of children entering upon profitable employment. As a result no official records of births are accumulated.

The state law does not require the issuance of birth or death certificates. Asked whether the records of the cemetery were ever inspected by the health department to ascertain whether the law as to burial permits was lived up to, the health officer said that this was not done.

Death certificates were issued in the form prescribed by the United States health bureau. These certificates are copied on special cards which are filed chronologically. These cards were tabulated in the manner required by the census bureau.

As to the correctness of the cause of death, stated by the physician, the health officer had a great deal of doubt, but he was compelled to accept the physicians' reports as final.

III.

INSPECTION OF CERTAIN DWELLING HOUSES.

The first row of houses visited was No. 176 to 182 Forsyth Street. The basement rooms of these negro quarters were inspected. The houses are of brick, two stories and basement. The approach to the first floor from the street forms an arch over the basement windows. In the alley underneath, ashes, dirt and refuse had been thrown. Only half daylight could penetrate to the front basement windows.

A hallway, about three feet wide, extended through the basement from the front to the rear. This hallway was absolutely dark, it being impossible to see six inches in front of one's self after having taken three steps from the front door. This hallway was broken in the middle into an angle where it allowed, on the right side, a room with the door in the hallway and a window in the rear, which window, in its turn, looked into a shed extending from the rear wall of the house.

On the left of the hallway were two rooms, the front room having two windows opening on the half-enclosed alley above mentioned; and the rear room, serving as a kitchen, opening through a door into the yard, and having one window in the rear. The floors of the kitchens, in all of the four houses were flush with the yard permitting the water in the yard to flow into the kitchen. In one of the kitchens, in order to drain this inflow of yard water, a board has been removed from the floor. Looking through this opening one could plainly see the stagnant water accumulated underneath the floor.

In the shed, previously mentioned into which the only window of the room to the right opened, ashes and charcoal underneath a kettle or boiler on the dirt floor showed its use as a laundry. There was no gas in the hallway or basement.

The water supply for the people in the house was taken from a hydrant in the front yard. The waterclosets were in the rear, and connected with sewers. The collection of garbage was also made from the alley in the rear. Both in the front and back yards ashes, garbage and remnants of food were scattered all over the ground. The rentals for these rooms were said to be \$4.00 a month for the front room and \$3.00 a month for the kitchen. The single rooms to the right of the halls were locked, and no information could be obtained concerning them.

No. 24 Peters Street.

The second floor of this house was visited. The first floor was

a wagon repair shop. This house had been a frame building, but the greater part of the clapboards and plastering had fallen down, leaving large openings both in the outside walls and in the partitions.

The living rooms opened into a central hallway, and several white people were found as lodgers. Water was admitted through a pipe running alongside the rear porch, ending in a faucet, from which the drippings were drained into a cup-shaped outlet. The closets were on the rear yard. The rooms rent for \$3.00 or \$4.00 a month each.

No. 349 1-2 Peters Street.

The upper floor of this house served as a lodging house for white people. Entrance was obtained from the rear porch to two hallways, which divided the floor into three sections. The light to the two outside sections was received through windows in the walls and to the middle section through a skylight. All walls were dilapidated, the plastering falling down. Water was obtained on the rear porch from three hydrants, one for each section. The watercloset was in the yard, and connecting with sewers. These rooms averaged \$2.00 a month each. The name of the owner or landlord was shown on a placard on the street door.

No. 267 1-2 Peters Street.

The upper floor was inhabited by white people. The hallway, forming an "H," divided the floor in a number of two-room apartments, those fronting the street on one side of the middle bar of the "H," having one room with a window opening into the street, and one dark room between the front room and the hallway. Across the hall the two rooms were arranged alongside of each other, both opening into the yard. The rooms on the side bars of the "H" had windows opening to an airshaft about three inches wide, the other side of this airshaft being the brick wall of the adjacent house.

The water was obtained from the apartment in the center of the house, where a hydrant and sink were built next to the watercloset. The apartment containing this sink and watercloset was not occupied. The walls consisted of one-inch boards. Tenants complained, with abundance of evidence as to their truthfulness, that the roofs leaked, and that the floors were falling to pieces. In none of the houses seen was there a caretaker, or janitor, to see that proper cleanliness or decency was observed.

Negro Section Surrounding Lowe Alley.

Here a tract of land, perhaps two acres in extent, is covered by one and two room negro shanties. The light and ventilation

in these shanties are obtained principally through the door. A brick chimney runs through the center of the two-story shanties, with an open hearth serving as fireplace and cooking stove. In one of the rooms of the first shanty seen there was an old negro sitting before the fireplace, kneading with his hands the dough for cakes which he was evidently frying in a pan in the open fireplace. He had lost one leg. Asked what he did for a living, he said that he had two renters—one of these had a bed of his own and paid him twenty-five cents a week, the other, sharing his own bed, paid him fifty cents a week. These two beds and the chair on which the "darky" was sitting, constituted the chief furniture.

All of these shanties were raised from one to two feet from the ground. The waterclosets were surface privies with no water, presenting on the inside every stage of conceivable filth. The cans had evidently been emptied within a day or two.

Garbage was scattered in all kinds of receptacles, as well as promiscuously on the ground. As the cans could not come within three inches of the seat, no protection from flies or insects could be provided.

The water supply was obtained either by walking to Peters Street or from a number of wells within the district. Two of these wells were examined. In one of them the brick lining stopped about ten feet from the top of the ground, in the other about four feet. The only protection against surface water running into these wells were loose boards and a slight embankment of dirt against these walls.

If the water from these wells were not used for drinking purposes, it certainly must have been used for the washing of clothes, which seemed to be the chief industry of the neighborhood. These conditions suggest that it would be most desirable to have an investigation made as to the quantity of soiled clothes collected into this and similar places, the surroundings in which they are washed, the water used in washing them, the places where they are dried, the method of ironing, the manner of storing these clothes—both before washing and after they have been washed—previous to leaving these shanties for delivery to the owners.

It would also be desirable to investigate the number of various houses in the city to which the inhabitants of this section go for work during the day. It would be eminently desirable to make a careful study of the methods by which such diseases as are almost inevitable concomitants of these housing conditions, are prevented from spreading to the people who receive laundry, or in whose homes the inhabitants of this section perform service.

In this whole section there is not one bath tub. There is no attempt at street lighting. The playground of the children is

the mud. There is one church—the Warren Methodist—offering as a gathering place its single room auditorium.

On the edge of this district is a row of two-story frame houses, starting with No. 20 Leonard Street. These are inhabited by white people. Each floor consists of a row of three rooms, renting for \$6.30 a month. There is a hydrant on each floor, with a closet in the yard connecting with sewers. The dilapidated condition, the filth, the stagnant water—both from the front and rear yards in which the children play—seem to demand a careful inspection.

Three negro lodging houses were inspected. The first, 12 1-2 Ivy Street, occupied the two upper floors of the “Great Northern Hotel.” Each room in this lodging house had a window opening either on the street, or on the rear yard. The rooms contained from two to five beds each. The toilet facilities for the two floors consisted of a single sink and watercloset, to which the men and women lodgers admitted to these premises, were compelled to resort. The hallway was lighted by a gas jet.

The second lodging house was 3 1-2 Ivy Street, covering one floor. Here also one watercloset was found with one sink. This lodging house also admitted both men and women lodgers, at payment of 25 cents a night. The caretaker had to hunt for a kerosene lamp to light the hall, as well as the rooms, explaining that the gas meter was out of order, and had been so for over a month. Probably the non-payment of the gas bill caused this disorder. The watercloset was extremely dirty.

The third lodging house, only a short distance from this last, also occupied one floor. The hallway, running through the length of the floor, gave access to four rooms on either side. The two central rooms had no windows, only the outside rooms having a window each, opening on the street or the yard in the rear. Only kerosene lamps were provided. The shouting of women and crying of infants greeted the visitors.

It requires no imagination to conceive what must take place in a lodging house where the halls are pitch black, rooms have no ventilation or privacy, the single toilet facility which also serves as the washroom and source of drinking water must be shared by all of the lodgers where the sexes are herded promiscuously, and even the most elementary observance of cleanliness, either of bed clothes or floors and walls are not observed. The oil lamp in such places as these must show its effect on the insurance rates of the district.

IV.

RECOMMENDATIONS.

It is recommended

1. That the making of health ordinances or the sanitary code be the function of the board of health and that no other body have the power to repeal the same as long as they conform to existing laws.
2. That the administrative functions under the board of health be placed under the direction of one head who shall be held responsible for their performance, i. e.
3. That heads of divisions within the department, as the offices of health inspection, sanitary inspection, plumbing inspection, the city physicians, etc., be responsible to the departmental head.
4. That all inspectors be required to render daily reports of work done and time consumed.
5. That the system of record keeping be reorganized.
6. That the letter of the law relating to the reporting of contagious diseases be enforced.
7. That in demanding these reports the department also demand or by direct inspection ascertain such information as will enable it to take measures for checking and if possible eliminating contagion.
8. That the department establish reasonable control of the practice of midwifery and urge upon the city to provide training schools for midwives.
9. That in case of deaths of infants whose births have not been reported, the department inquire as to whose fault, if anyone's, the neglect of reporting was due.
10. That a tuberculosis register be established, containing such information of the patient's history, family and housing conditions as will help the department to take intelligent measures in checking the communication of the disease to others.
11. That the department recognizes the value of citizen co-operation in complaints made of unsanitary conditions; that permanent records be made of each complaint, its inspection and final disposition.

12. That the department publicly report the findings, both of fat contents and of bacterial count of milk and the names of the dealers in milk in the city and that a sufficient number of tests be made that such reports may be made monthly.
13. That the present inspectors be detailed, as far as other duties will permit, to the inspection of so-called "lodging houses" and that the department report speedily to the board and the general council on such fundamental sanitary conditions as ventilation, ratio of water closets to number of lodgers, use of the same water closets by both sexes, lavatories, general cleanliness and fire danger.
14. That the department formulate a plan and submit to the general council a request for an appropriation for the inspection of housing conditions.
15. That the penalties for committing smoke nuisances be strictly enforced against office buildings and factories.
16. That the board of health secure from the general council action which will define clearly under whose authority the sanitary policing of the watershed shall be undertaken, and that proper supervision of the watershed be at once established. The principles which actuate the general council to invest city money in a water purification plant and allow surface privies to exist in the closest proximity to the purification plant are more than incomprehensible.

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